



# Friends of K-Bay

## *Application Instructions*

1. **Completed Current Application Form**
2. Copy of valid **Hawaii Driver's License**
3. **Vehicle Registration** certificate showing applicant is registered owner.
  - a) If applicant is NOT the registered owner, applicant **MUST** provide a **notarized** letter from the owner of the vehicle.
  - b) For company vehicles, applicants **MUST** provide a **notarized** letter printed on company letterhead authorizing the use of the vehicle for non-commercial purposes.
  - c) If vehicle is a Lease, a copy of lease agreement is required.
4. **Current Vehicle Inspection Certificate**—(Safety Check)
5. Current copy of **Hawaii No Fault Insurance Card**-(Insurance binders are NOT acceptable).
6. The documents must remain valid for at least sixty (60) days from the date of application
- ~~7. Submit a \$10 processing fee. Make check payable to "MCCS 0910"~~

**\*PLEASE NOTE: \$10 PROCESSING FEE IS WAIVED UNTIL FURTHER NOTICE**

Please allow up to 6 weeks for processing.

**Please mail to:** *Kaneohe Klipper Golf Course*  
*Attn: Lori Phung*  
*Bldg. 3088*  
*MCB Hawaii, Kaneohe Bay, HI 96863*

**Or email:** [sysalieu.phung@usmc-mccs.org](mailto:sysalieu.phung@usmc-mccs.org)



**Like us! KlipperGolfCourse**

**"FRIENDS OF K-BAY APPLICATION FORM"**

Revised: Mar 2014

**Please include \$10 processing fee with your application (cash or check).**

Request the following "Friends of K-Bay" be authorized an Installation Access Pass and ID Card. The duration of this FOKB pass and ID Card are for a maximum of one year from date of approval. This FOKB pass and ID card are for this applicant ONLY. A \$10 processing fee is required.

**MCCS Facility Participation (Please mark one):**

Kaneohe Klipper Golf Course (KKGCC)  K-Bay Lanes (KBL)  The Officers' Club (The Club)

Name of MCCS Manager/Supervisor/Sponsor	Rank/Title	Name of Activity
Signature	Date	Phone Number

**Guest Information**

Name of Sponsored Guest (Last, First MI)	HI DL # OR SSN
Date of Birth, Height, Weight, Color Hair, Color Eyes / / / /	Address (Include City, State and Zip Code)
Home Phone	Cell Phone
Signature Statement of Understanding: By signing this pass and ID card application, I agree to the terms and conditions stated herein and will abide by Marine Corps regulations while on Marine Corps Base Hawaii. Furthermore, I agree that I am in good standing with the United States Marine Corps and have never been banned from any military installation. SIGNATURE: _____ DATE: _____	Email Address May we use your email address to contact you for information and to update you on current events and volunteer opportunities? <input type="checkbox"/> YES Email: _____ <input type="checkbox"/> NO
Vehicle Make Model Color / /	Vehicle VIN #
Vehicle State Registration # (License Plate Number)	Drivers License: State, Number, Expiration
Hawaii No Fault Insurance Carrier and Policy Number:	

**Approved by MCCS**

Rank/Name	Date	Signature
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**Provost Marshal's Office Records Check**

Rank/Name	Date	Signature
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NOTIC DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_ NO RECORDS  RECORDS ATTACHED

**ACKNOWLEDGEMENT**

This FOKB pass and ID card are not transferable and authorized access to Marine Corps Base Hawaii only. The applicant agrees to comply with Federal/DOD guidelines and to consent to a local records check. Acknowledgement of this form provides Marine Corps Base Hawaii permission to conduct a routine background check on the applicant. I certify that the information on this form is true and accurate to the best of my knowledge. If the FOKB pass and ID card is lost or stolen I will immediately report it to the Provost Marshal's Office, 257-2047.

**PRIVACY ACT INFORMATION**

Authority: Title 10, United States Code, Section 2012

Principal purpose: The purpose for requesting personal information is to verify identification of the applicant and to assist civilian access to Marine Corps Base Hawaii, Kaneohe Bay.

Routine Use: Information provided may be used to determine eligibility of applicants desiring access to Marine Corps Base Hawaii, Kaneohe Bay as well as for other lawful purposes including law enforcement and litigation. For other official purposes, information on this form may be provided to other law enforcement agencies.

Disclosure: Submitting requested information is voluntary, however, failure to provide information will result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the FOKB pass and ID card.